## APPLICATION FOR PERMIT SEWER-SEWAGE DISPOSAL



| FOR APPLICANT TO FILL IN   | DISTRICT NO. GROUP BK PS PROCESSED BY  |
|--|--|
| BUILDING 14325 E SWINDALE  | Z I Rais   |
| LOCALITY LA PLISNITS   | CONNECTION DATA  |
| NEAREST TAMAL  | STATION /+ 79 DEPTH  |
| BATTAGLA ASDEINTES   | MANHOLE REFERENCE / + 60 757 C/0 LOWER   |
| OWNER CONTRACTOR   | TYPE OF CONNECTION LENGTH FROM 7   |
| MAIL ADDRESS 9832 E. KUSH (4   | CO. IMP. NO. JOB NO. JOB NO.   |
| LEGAL TEL. NO. 773 4000  | TRUNK PERMIT NO. ROAD PERMIT NO.   |
| DESCRIPTION LOT NO.  |  |
| BLOCK TRACT 32492  | AFFIDAVIT WAIVER EASEMENT RECORD. INSTR. NO. DATE  |
| SIZE OF LOT SY 100 NO. OF BLDGS.  USE OF   | HWY. OR ST. WIDENING   |
| BUILDINGS  | STATE ENCROACHMENT<br>PERMIT NO.   |
| CONTRACTOR CLARK CONSTRUCTIO   | INDUSTRIAL<br>WASTE APPROVAL   |
| ADDRESS BOL 428  | CHARGES  |
| CITY LUCAMONES TEL NO. (74) 487-3834   | CONNECTION CHARGE FEE  |
| STATE LICENSE NO. 195296 CLASS C-42  | REIMBURSEMENT FEE  |
| NO. DESCRIPTION OF WORK FEE HOUSE SEWER CONNECTING TO                                      | APPROVALS DATE INSPECTOR'S SIGNATURE   |
| PUBLIC SEWER @ SEPTIC TANK SEEPAGE PIT OR  | NEW HOUSE SEWER  |
| PITS AND/OR DRAINFIELD @ HOUSE SEWER CONNECTING TO   | CONNECT ADDITIONAL BUILDING OR WORK  |
| PRIVATE DISPOSAL SYSTEM @ CONNECT ADDITIONAL BLDG. OR                                      | SEPTIC TANK, SEEP, PIT (S) AND/OR DRAINFIELD   |
| WORK TO HOUSE SEWER @ OVERFLOW SEEPAGE PIT. DRAINFIELD                                     | CESSPOOL DRYWELL D   |
| EXTN.CESSPOOLDRYWELL. MANHOLE @  ALTER. REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM @ | ALTER, REPAIR, SEWER OR<br>SEWAGE DISPOSAL SYSTEM  |
| SEWER OR DISPOSAL STOLEM   | DISCONNECT PLUG AND ABANDON HOUSE SEWER  |
|  | BACKFILL SEPTIC TANKS  |
| OWNER'S Issuance Fee s   | SEEP PIT(S) CESSPOOLS [  |
| AUTHORIZATION TOTAL FEE / ?  | HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY   |
| I HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CON-                                  | WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING   |
| TRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING DWELLING                                   | 1 HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR  |
| SIGNED THIS DAY OF 19  | LICENSED AS REQUIRED BY LOS ANGLES COUNTY AND STATE OF   |
| OWNER OR OWNERS AGENT  | CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN, THE ABOVE DESCRIBED RESIDENTIAL PROPERTY. |
| ADDRESS  | OF PERMITTEE   |

VALIDATION

64 45.00 671

17.00